Under the Paperwork Rec	duction Act o	f 1995, no persons are re-	quired to				RTMENT OF COMMERCE alid OMB control number.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			I	Complete if Known			
				Application Number	10/801,076		
FEE TRANSMITTAL				Filing Date	3/15/04		
foi	FY 2	2006		First Named Inventor	nventor Francis X. Bostick III		,
Applicant claims sm	all entity s	tatus. See 37 CFR 1.2	27	Examiner Name	Charles D. G	8	
TOTAL AMOUNT OF PAYMENT (\$) 1,500.00			Art Unit 2856				
		(\$) 1,500.00		Attorney Docket No.	WEAT/0474		
METHOD OF PAYME	NT (check	all that apply)					
☐ Check ☐ Credit	Card	Money Order 1	None	Other (please ide	entify):		
Deposit Account	Deposit Aco	ount Number: 20-0782/	WEAT/0	474/RWR Deposit	Account Nam	e: Patterson & S	heridan, LLP
For the above-i	dentified de	eposit account, the Dire	ctor is h	ereby authorized to: (cl	heck all that a	pply)	
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BASIC FILING, SE	ARCH A	ND EXAMINATION	FFFS				
57.0.0		FEES		RCH FEES	EXAMIN	IATION FEES	
A	F /6	Small Entity	F	Small Entity	F(6)	Small Entity	Fore Data (6)
Application Type Utility	Fee (\$) <u>Fee(\$)</u> 150	<u>Feet</u>	\$) <u>Fee(\$)</u> 250	Fee(\$) 200	Fee(\$) 100	Fees Paid (\$)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F	EES						Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20						50	25
Multiple dependent		3 (including Reissue	s)			200 360	100 180
Total Claims Extra Claims Fee(\$))	Fee Paid (\$)			Dependent Claims
20 or HP= x =			-			Fee (\$)	Fee Paid (\$)
HP = highest number of	f total claims	paid for, if greater than 20).				
Indep. Claims		Claims Fee(\$)	ì	Fee Paid (\$)			
3 or HP		×	. =				
-		nt claims paid for, if greater	rthan 3.				
APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer)							
listings under	37 CFR 1	.52(e)), the application	on size	fee due is \$250 (\$12	25 for small e	entity) for each	additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): Petition for Revival for Patent Abandoned Unintentionally under 37 CFR 1.137(b) \$1,500.00							
Causana av							
SUBMITTED BY							

SUBMITTED BY				
Signature	Jen/a	Registration No. (Attorney/Agent) 43,876	Telephone	713.623.4844
Name (Print/Type)	Randol W. Read		Date	July 20, 2006

This collection of information is required by 97 CFR 1.335. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 93 U.S.C. 122 and 97 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the complete information of the USPTO. Time vital vary depending upon the individual case. Any ownermore to the amount of time you require to comprise this from another supplementary superioristic previously to the control of the control of

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FEE TRANSMITTAL				Application Number 10/801,076			
			Fit	Filing Date 3/15/04			
			Fir	First Named Inventor Francis X. Bo		ostick III	
Applicant claims sma	all entity sta	atus. See 37 CFR 1.27	Ex	Examiner Name Charles D. Ga		arber	
			Art	Unit	2856		
TOTAL AMOUNT OF PA	YMENT	(\$) 1,500.00	Att	Attorney Docket No. WEAT/0474			
METHOD OF PAYMEN	IT (check	all that apply)					
☐ Check ☐ Credit (Card 🔲	Money Order No	ne 🗌	Other (please ide	ntify) :		
☐ Deposit Account □		-				e: Patterson & S	heridan, LLP
		posit account, the Direct			neck all that a	oply)	
Charge fe	e(s) indica	ted below		☐ Charge	fee(s) indicat	ed below, excep	t for the filing fee
= -		al fee(s) or underpayme	ate of foo	= -	any overpaym		
Under 37	CFR 1.16	and 1.17		–	, , ,		
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FEE CALCULATION							
1. BASIC FILING, SEA	ARCH AN	D EXAMINATION F	FFS				
	FILING			CH FEES	EXAMIN	ATION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)		Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	-
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (i		Reissues) (includina Reissues)				50 200	25 100
Multiple dependent co		(including releases)				360	180
Total Claims	Extra	Claims Fee(\$)	F	ee Paid (\$)			Dependent Claims
-20 or HP:		x	- 7			Fee (\$)	Fee Paid (\$)
HP = highest number of	total claims p	aid for, if greater than 20.					
Indep. Claims	Extra	Claims Fee(\$)	<u> </u>	ee Paid (\$)			
3 or HP=		_ x					
HP = highest number of	independent	claims paid for, if greater th	an 3.				
3. APPLICATION SIZE							
If the specification and	drawings	exceed 100 sheets o	f paper	(excluding electron	nically filed s	equence or cor	nputer
listings under 3	/ CFR 1.5	52(e)), the application . See 35 U.S.C. 41(a)	SIZE TEE	due is \$250 (\$12)	ວ 101 s m all e	nuty) for each a	additional 50
	Extra Sh	neets Number of	each ac	iditional 50 or fra	oction there	of Fee (\$)	Fee Paid (\$)
	-			p to a whole num			=
4. OTHER FEE(S)				•	•		Fees Paid (\$)
	ecification	, \$130 fee (na small	antity dis	scount)			
		charge): Potion to Re		andoned Un	intentionally ur	ider 37 CFR 1.13	7(b) \$1,500.00

SUBMITTED BY	-			,
Signature	pa/h	Registration No. (Attorney/Agent) 43,876	Telephone	713.623.4844
Name (Print/Type)	Randol W. Read		Date	July 20, 2006

This official of information is required by 7 CFFR 115. The information is required to details or relate in Societies by the patile scholar is the first by 1 me INFTD to proceed by a significant confidentiality is greater by 3 SLOS. Clear and Y CFR 114. The information is required to confidentiality is greater by 3 SLOS. Clear and Y CFR 114. The confidence is desirated to be the 30 minutes to complete, including patient, propaging, and so formitted aspiciation form to the USPTD. This will vary depending upon the individual case, Any comments on the amount of time you require to complete the form and/or suggestions for reducing this budges, should be served in the Cell of the Information Clear U.S. Pleater and T. Commence, P.O. Box 1459, Alexandria, VA 22313-1450, DN ON TSEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Palents, P.O. Box 1459, Alexandria, VA 22313-1450.

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